Upgrading CDC's Buil dings and Facil ities

A DEFINING MOMENT

estifying before the Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, United States Senate, on October 23, 2001, Jeffrey P. Koplan, MD, MPH, Director, Centers for Disease Control and Prevention, Department of Health and Human Services, stated that "Prior to the September 11th attack on the United States, CDC was making substantial progress toward defining, developing, and implementing a nationwide public health response network to increase the capacity of public health officials at all levels—federal, state, and local—to prepare for and respond to deliberate attacks on the health of our citizens. The events of September 11th were a defining moment for all of us."

CDC, on behalf of HHS, provides national leadership in the public health and medical communities to detect, diagnose, respond to, and prevent illnesses, including those that could occur as a result of bioterrorism or any other deliberate attempt to harm the health of our citizens. When the terrorists attacked our nation on September 11, 2001, CDC's staff were suddenly part of a coordinated HHS response. Within a few hours, the first CDC personnel were en route to New York City aboard a chartered private aircraft that had been granted flight clearance by the Federal Aviation Administration, shortly after it had grounded all commercial and private flights.

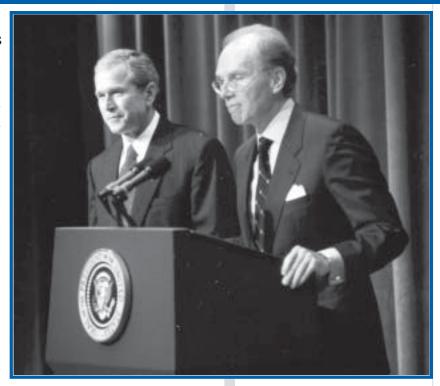
RESPONDING TO THE UNTHINKABLE

Following the September 11th terrorist attacks, federal, state, and local governments and agencies engaged in a massive, interlocking response. These are some highlights of CDC's contributions to the overall HHS response during the first crucial week.

On September 11, CDC deployed the first of its massive 50-ton "push packages" containing pharmaceuticals, medical supplies, and other materials to cover a spectrum of medical needs to respond to an emergency involving mass casualties. Eleven technical assistance personnel who would help to distribute the "push

package" arrived in advance. Tragically, the number of fatalities exceeded the number of injured persons in this instance.

The next day, CDC dispatched four epidemiologists and two laboratory experts to help assess medical needs and capacity planning for treating victims in the New York City's hospitals and an emergency response specialist to assist the city health department coordinate broad scale emergency medical efforts. CDC staff also watched for signs of possible secondary diseases, including infectious disease and the effects of dust and other debris and assisted rescue workers who had been injured or exposed to health-threatening materials.



President George W. Bush, who visited CDC during the investigatory phase following the anthrax attacks in October 2001, received an enthusiastic reception following his introduction by Jeffrey P. Koplan, MD, MPH, Director, Centers for **Disease Control and Prevention** and Administrator, Agency for Toxic Substances and Disease Registry.

From its headquarters, CDC staff also worked with tetanus vaccine manufacturers and the public health departments of New York and Washington, D.C., to confirm that adequate supplies of tetanus vaccine would be sent directly to each location. Following emergency procedures, on September 11, CDC activated its Health Alert Network to alert all state and local health departments to watch for any unusual disease symptoms and to provide information on safe handling of bodies and ensuring against any possible spread of disease.

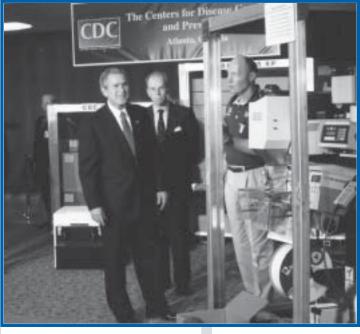
By September 14, CDC, in the largest deployment ever of its Epidemic Intelligence Service (EIS), sent 35 EIS specialists to assist the New York City Health Department in monitoring disease outbreaks and in assessing how to best use health care resources. CDC also sent occupational health specialists to New York City to assess rescue worker safety and ensure appropriate precautions were taken to minimize risk. A contingent of 14 additional personnel, including 13 more EIS specialists, arrived next to aid with patient care and other follow-up needs.

CDC staff also provided similar public health support to authorities in Washington, D.C., in the aftermath of the September 11 attack on the Pentagon.

Preparation for Bioterrorism Leads to Rapid Response

CDC's actions as part of the HHS overall response to protect Americans affected by the anthrax mail attack, which was detected in October 2001 after the start of fiscal year 2002 for the federal government, will be reported on more fully in our FY 2002 Chief Financial Officer's Annual Financial Report.

Since 1999, CDC, under the leadership of HHS, has heightened its focus and capability to respond to instances of bioterrorism. Funding and preparedness for bioterrorism had increased during FY 2001, well before the terrorists attacks in September. This groundwork helped CDC to discover the surreptitious attacks



During his visit to CDC, President George W. Bush inspected laboratory equipment and facilities, accompanied by CDC Director Jeffrey P. Koplan, MD, MPH, and Steven D. Bice, MEd, Director of CDC's National Pharmaceutical Stockpile program.

early and to alert state and local health departments quickly. Before these incidents, the public health system in the United States had little experience with the deliberate release of biological agents to cause major disease outbreaks. Though CDC has confirmed 18 cases of anthrax infection nationwide and five fatalities from those infected, the number of fatalities could have been much higher without the prompt response of multiple public health agencies, made feasible by the ongoing efforts during the past few years to prepare for just such an incident. The full scope of these efforts will likely not be known for some time as events continue unfolding.